

# **SECTION 1**

## **MO HealthNet PROGRAM RESOURCES**

<http://www.dss.mo.gov/mhd/providers/index.htm>

### **CONTACTING MO HealthNet**

#### **PROVIDER COMMUNICATIONS**

The following phone numbers are available for MO HealthNet providers to call with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

573-751-2896 and 573-635-8908

Providers can also access the IVR (Interactive Voice Response) by calling either number. The IVR system can address participant eligibility, last two check amounts and claim status inquiries. At anytime during the IVR options, providers may select "0" to speak with the next available specialist. Calls are put into a queue and will be answered in the order received. Providers must use a touchtone phone to access the IVR.

The Provider Communications Unit also responds to written inquiries. Written inquiries should be sent to:

Provider Communications Unit  
PO Box 5500  
Jefferson City, Missouri 65102

#### **INFOCROSSING HEALTHCARE SERVICES, INC. HELP DESK**

**573-635-3559**

Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and assistance with the Infocrossing Internet billing service.

#### **PROVIDER ENROLLMENT**

Providers can contact Provider Enrollment via E-mail as follows for questions regarding enrollment applications: [providerenrollment@dss.mo.gov](mailto:providerenrollment@dss.mo.gov).

Changes regarding address, ownership, tax identification number, name (provider or practice), or NPI (National Provider Identifier) number must be submitted in writing to:

Provider Enrollment Unit  
MO HealthNet Division  
PO Box 6500  
Jefferson City, Missouri 65102

**THIRD PARTY LIABILITY****573-751-2005**

Call the Third Party Liability Unit to report injuries sustained by MO HealthNet participants, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a MO HealthNet participant.

**PROVIDER EDUCATION****573-751-6683**

Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for MO HealthNet claims. Contact the unit for training information and scheduling.

**PARTICIPANT SERVICES****800-392-2161 or 573-751-6527**

The Participant Services Unit assists participants regarding access to providers, eligibility, covered and non-covered services and unpaid medical bills.

**MO HEALTHNET PHARMACY AND CALL CENTER****800-392-8030**

Providers can call this toll free number to:

- Request pre-certification for specific DME items;
- Initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the MO HealthNet program;
- Request information on Medicare Part D;
- Request a drug prior authorization; or,
- Request medical pre-certification for a CT scan or MRI.

Providers are encouraged to sign up for the MO HealthNet Web tool – CyberAccess<sup>SM</sup> – which automates the pre-certification process. To become a CyberAccess<sup>SM</sup> user, contact the ACS-Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an E-mail to MoMedCyberaccess@heritage-info.com. The CyberAccess<sup>SM</sup> tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and procedure codes.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) INFORMATION**

Billing providers who want to exchange electronic information transactions with MO HealthNet can access the HIPAA-EDI Companion Guide online by going to the MO HealthNet Division Web page at <http://www.dss.mo.gov/mhd/providers/index.htm> and click on the HIPAA-EDI Companion Guide link in the column on the left hand side of the page. This will take you directly to the EDI Companion Guide and X12N Version 4010A1 Companion Guide links.

For information on the MO HealthNet Trading Partner Agreement, click on the link to Section 1- Getting Started; then select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Infocrossing Healthcare Services Help Desk, 573-635-3559.

### **INTERACTIVE VOICE RESPONSE (IVR)**

**573-635-8908**

**OR**

**573-751-2896**

The Provider Communications Unit Interactive Voice Response (IVR) system, 573-635-8908 or 573-751-2896, requires a touchtone phone. The ten-digit NPI (National Provider Identifier) number must be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options listed below. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

Option 1      Participant Eligibility

Participant eligibility must be verified each time a participant presents and should be verified prior to the service. Eligibility information can be obtained by a participant's MO HealthNet number (DCN), social security number and date of birth, or if a newborn, using the mother's MO HealthNet number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.

Option 2      Last Two Check Amounts

Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.

Option 3      Claim Status

After entering the participant's MO HealthNet ID number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).

## INTERNET SERVICES FOR MO HealthNet PROVIDERS

The MO HealthNet Division (MHD), in cooperation with Infocrossing Healthcare Services, has an Internet service for MO HealthNet providers. MO HealthNet providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify participant eligibility;
- Obtain remittance advices (RAs);
- Submit adjustments;
- Submit attachments;
- View claim, attachment and prior authorization (PA) status; and
- View and download public files.

The Web site address for this service is [www.emomed.com](http://www.emomed.com). Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the Web site services. To participate in the service, the provider must apply online at <http://www.dss.mo.gov/mhd/providers/index.htm>. At this site choose the "Apply for Electronic/Internet system access" link in the left hand column. Each user is required to complete this online application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID and password. Once the user ID and password have been received, the user can begin using the [www.emomed.com](http://www.emomed.com) Web site. The password can be changed to one of the user's own choice.

Questions regarding the completion of the online Internet application should be directed to the Infocrossing Healthcare Services Help Desk, 573-635-3559.

**An authorization is required for each individual person within a provider's office or a billing service who will be accessing the Internet site.**

This Web site, [www.emomed.com](http://www.emomed.com), allows for the submission of the following HIPAA compliant transactions:

837 Institutional Claims	Batched or Individual
837 Professional Claims	Batched or Individual
837 Dental Claims	Batched or Individual
270 Eligibility Inquiry	Batched or Individual
276 Claim Status Inquiry	Batched or Individual

The following standard responses are generated:

835 Remittance Advice	Batch or Printable RA
271 Eligibility Response	Batch or Individual
277 Claim Status Response	Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. However, the user (provider) must have the proper Web browser. The provider must have one of the following Web browsers: Internet Explorer 6.0 or higher or Netscape 7.0 or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

### **VERIFYING PARTICIPANT ELIGIBILITY THROUGH THE INTERNET**

Providers can access MO HealthNet participant eligibility files via the Web site. Functions include eligibility verification by participant ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

### **MO HealthNet CLAIMS SUBMISSION THROUGH THE INTERNET**

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- 837 - Health Care Claim
  - Professional
  - Dental
  - Institutional (hospital inpatient and outpatient, nursing home, and home health care)
- Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

**OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET**

The MO HealthNet program phased out the mailing of paper Remittance Advices (RAs). Providers no longer receive both paper and electronic RAs. If the provider or the provider's billing service currently receives an electronic RA, (either via the emomed.com Internet Web site or other method), paper copies of the RA were discontinued. All providers and billers must have Internet access to obtain the printable electronic RA via the Infocrossing Internet service, emomed.com.

Receiving the Remittance Advice via the Internet is beneficial to the provider or biller's operation. With the Internet RA, a user can:

- Retrieve the RA the Monday following the weekend claim processing cycle (two weeks earlier than receipt of the paper RA);
- Have access to RAs for 62 days (the equivalent of the last four cycles);
- View and print the RA from the desktop; and,
- Download the RA into the provider or biller's operating system for retrieval at a later date.

The Internet RA is viewable and printable in a ready to use format. Just point and click to print the RA or save it to the computer system for printing at the user's convenience.

To sign up for this service, see the instructions at the beginning of this information on Internet services. If a provider does not have access to the Internet, contact the Infocrossing Help Desk, 573-635-3559, to learn how to obtain a paper remittance.

**ADJUSTMENTS THROUGH THE INTERNET**

Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and Nursing Home claims for a "Frequency Code" that will allow either a 7 – Replacement (Adjustment) or an 8 – Void (Credit). This will control an individual adjustment or void, but not group adjustments or voids. Claim adjustments and credits can be submitted by utilizing the CLM, field CLMO5-3, segment of the 837 Health Care Claim.

**RECEIVE PUBLIC FILES THROUGH THE INTERNET**

Several public files are available for viewing or downloading from the Web site including the claims processing schedule for the State fiscal year which begins July 1 and ends June 30. Providers also have access to a listing of the HIPAA related claim codes and other HIPAA related codes.

## **MO HealthNet PROVIDER MANUALS AND BULLETINS ONLINE**

**<http://www.dss.mo.gov/mhd/providers/index.htm>**

MO HealthNet provider manuals are available online at the MHD Web site, <http://www.dss.mo.gov/mhd/providers/index.htm>. To access the provider manuals, click on the "Provider Manuals" link at the bottom of the Provider Participation page. The next page displays an alphabetical listing of all MO HealthNet provider manuals. To print a manual or a section of a manual, click on the "Print a Manual" link on the left hand side of the page. Instructions for printing manuals or sections of manuals are available through this link.

MO HealthNet provider bulletins are also available at the MHD Web site. The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. To access the bulletins, click on the Provider Bulletin link on the Provider Participation page. The bulletins appear online at this location until the provider manuals are updated with the information contained in the bulletins. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.

## CLAIMS PROCESSING SCHEDULE FOR FISCAL YEAR 2009

### Cycle Run/Remittance Date\*

Friday, June 20, 2008  
 Friday, July 11, 2008  
 Friday, July 25, 2008  
 Friday, August 8, 2008  
 Friday, August 22, 2008  
 Friday, September 5, 2008  
 Friday, September 19, 2008  
 Friday, October 10, 2008  
 Friday, October 24, 2008  
 Friday, November 7, 2008  
 Friday, November 21, 2008  
 Friday, December 5, 2008  
 Friday, December 19, 2008  
 Friday, January 9, 2009  
 Friday, January 23, 2009  
 Friday, February 6, 2009  
 Friday, February 20, 2009  
 Friday, March 6, 2009  
 Friday, March 20, 2009  
 Friday, April 10, 2009  
 Friday, April 24, 2009  
 Friday, May 8, 2009  
 Friday, May 22, 2009  
 Friday, June 5, 2009

### Check Date

Monday, July 7, 2008  
 Monday, July 21, 2008  
 Tuesday, August 5, 2008  
 Wednesday, August 20, 2008  
 Friday, September 5, 2008  
 Monday, September 22, 2008  
 Monday, October 6, 2008  
 Monday, October 20, 2008  
 Wednesday, November 5, 2008  
 Thursday, November 20, 2008  
 Friday, December 5, 2008  
 Monday, December 22, 2008  
 Monday, January 5, 2009  
 Tuesday, January 20, 2009  
 Thursday, February 5, 2009  
 Friday, February 20, 2009  
 Thursday, March 5, 2009  
 Friday, March 20, 2009  
 Monday, April 6, 2009  
 Monday, April 20, 2009  
 Tuesday, May 5, 2009  
 Wednesday, May 20, 2009  
 Friday, June 5, 2009  
 Monday, June 22, 2009

\*The Cycle Run Dates are tentative dates calculated by Mo HealthNet. The dates are subject to change without prior notification.

\*All claims submitted electronically, must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

## State Holidays

July 4, 2008 Independence Day  
 September 1, 2008 Labor Day  
 October 13, 2008 Columbus Day  
 November 11, 2008 Veteran's Day  
 November 27, 2008 Thanksgiving  
 December 25, 2008 Christmas

January 1, 2009 New Year's Day  
 January 19, 2009 Martin Luther King's Birth day  
 February 12, 2009 Lincoln's Birthday  
 February 16, 2009 Washington's Birthday  
 May 8, 2009 Truman's Birthday  
 May 25, 2009 Memorial Day